

Service Area: Protective Services/Security	YALE NEW HAVEN HEALTH POLICY & PROCEDURES	
Title: Bomb Threat/Suspicious Package		
Date Approved:	Approved by: System Operating Committee	
Date Effective:	Date Reviewed/Revised: NEW	
Distribution: MCN Ellucid	System Policy Type (I or II): I	
Supersedes: NONE		

PURPOSE

The purpose of this policy is to identify procedures set forth in the event a bomb threat is made or a suspicious package is identified.

APPLICABILITY

This policy applies across Yale New Haven Health System (YNHHS) licensed hospital entities and hospital-based entities, including Bridgeport Hospital, Greenwich Hospital, Yale New Haven Hospital, Lawrence + Memorial Hospital, Westerly Hospital, and any other hospital that affiliates with YNHHS, and each of their subsidiary entities.

POLICY

It is the policy of YNHHS to have Employees who are familiar with and have a working knowledge of the YNHHS bomb threat/suspicious package plan.

PROCEDURES

A. Bomb Threat

- a. If a bomb threat is received at a YNHHS facility, the call taker should strictly adhere to the questions set forth in a bomb threat DHS questionnaire card (Appendix A).
- b. Once the call has terminated, the call taker shall immediately contact 911 to report the threat. Once emergency services have been notified, on-site security should

also be advised of the threat.

- i. All information gathered by the call taker should be forwarded to local law enforcement and the security department to ensure an accurate and prompt investigation.
- c. The on-call administrator shall be immediately notified of the threat. Based on the totality of the circumstances, the on-call administrator will prepare for a possible evacuation of the facility.

B. Suspicious Package

- a. Definitions: (*Suspicious package*) any package, which based on the totality of the circumstances, **may not** belong in the environment in which it has been located. Furthermore, any action or circumstance that makes the package suspicious; e.g., packages that are witnessed to be purposely abandoned, backpacks or bags left in a secure area, and single items such as packages left unattended. (*Unattended packages/items*) Any item, when looking at the totality of the circumstances, would normally be present in the environment in which the item was found; e.g., a briefcase left in a conference room or a beverage cooler at a football game.
- b. Upon discovering a Suspicious Package, local law enforcement should immediately be contacted. Once local law enforcement is contacted, on-site security should also be notified of the situation.
 - i. The severity of the perceived threat should dictate whether local law enforcement will be contacted via 911 or the routine line.
- c. The on-call administrator for the facility should be contacted and advised of the situation.

REFERENCES

N/A

RELATED POLICIES

N/A

***Note: In the event of a bomb threat/suspicious package, Emergency Management should be notified for proper debrief.**

Appendix A: DHS Bomb Threat Checklist

<div style="background-color: #002060; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">BOMB THREAT PROCEDURES</div> <p><i>This quick reference checklist is designed to help employees and decision makers of commercial facilities, schools, etc. respond to a bomb threat in an orderly and controlled manner with the first responders and other stakeholders.</i></p> <p>Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.</p> <p>If a bomb threat is received by phone:</p> <ol style="list-style-type: none"> 1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does. 2. Listen carefully. Be polite and show interest. 3. Try to keep the caller talking to learn more information. 4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself. 5. If your phone has a display, copy the number and/or letters on the window display. 6. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words. 7. Immediately upon termination of call, DO NOT HANG UP, but from a different phone, contact authorities immediately with information and await instructions. <p>If a bomb threat is received by handwritten note:</p> <ul style="list-style-type: none"> • Call _____ • Handle note as minimally as possible. <p>If a bomb threat is received by e-mail:</p> <ul style="list-style-type: none"> • Call _____ • Do not delete the message. <p>Signs of a suspicious package:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • No return address • Excessive postage • Stains • Strange odor • Strange sounds • Unexpected delivery </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Poorly handwritten • Misspelled words • Incorrect titles • Foreign postage • Restrictive notes </td> </tr> </table> <p><i>* Refer to your local bomb threat emergency response plan for evacuation criteria</i></p> <p>DO NOT:</p> <ul style="list-style-type: none"> • Use two-way radios or cellular phone. Radio signals have the potential to detonate a bomb. • Touch or move a suspicious package. 	<ul style="list-style-type: none"> • No return address • Excessive postage • Stains • Strange odor • Strange sounds • Unexpected delivery 	<ul style="list-style-type: none"> • Poorly handwritten • Misspelled words • Incorrect titles • Foreign postage • Restrictive notes 	<div style="background-color: #002060; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">BOMB THREAT CHECKLIST</div> <p>DATE: _____ TIME: _____</p> <p>TIME CALLER HUNG UP: _____ PHONE NUMBER WHERE CALL RECEIVED: _____</p> <div style="background-color: #002060; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 1.1em;">Ask Caller:</div> <ul style="list-style-type: none"> • Where is the bomb located? (building, floor, room, etc.) _____ • When will it go off? _____ • What does it look like? _____ • What kind of bomb is it? _____ • What will make it explode? _____ • Did you place the bomb? Yes No _____ • Why? _____ • What is your name? _____ <div style="background-color: #002060; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 1.1em;">Exact Words of Threat:</div> <p>_____</p> <p>_____</p> <p>_____</p> <div style="background-color: #002060; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 1.1em;">Information About Caller:</div> <ul style="list-style-type: none"> • Where is the caller located? (background/level of noise) _____ • Estimated age: _____ • Is voice familiar? If so, who does it sound like? _____ • Other points: _____ <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black; font-size: 0.8em;">Caller's Voice</th> <th style="text-align: left; border-bottom: 1px solid black; font-size: 0.8em;">Background Sounds</th> <th style="text-align: left; border-bottom: 1px solid black; font-size: 0.8em;">Threat Language</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top; font-size: 0.8em;"> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Accent <input type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Clearing throat <input type="checkbox"/> Coughing <input type="checkbox"/> Cracking voice <input type="checkbox"/> Crying <input type="checkbox"/> Deep <input type="checkbox"/> Deep breathing <input type="checkbox"/> Disguised <input type="checkbox"/> Distinct <input type="checkbox"/> Excited <input type="checkbox"/> Laughter <input type="checkbox"/> Lisp <input type="checkbox"/> Loud <input type="checkbox"/> Nasal <input type="checkbox"/> Normal <input type="checkbox"/> Ragged <input type="checkbox"/> Rapid <input type="checkbox"/> Raspy <input type="checkbox"/> Slow <input type="checkbox"/> Slurred <input type="checkbox"/> Soft <input type="checkbox"/> Stutter </td> <td style="vertical-align: top; font-size: 0.8em;"> <input type="checkbox"/> Animal noises <input type="checkbox"/> House noises <input type="checkbox"/> Kitchen noises <input type="checkbox"/> Street noises <input type="checkbox"/> Booth <input type="checkbox"/> PA system <input type="checkbox"/> Conversation <input type="checkbox"/> Music <input type="checkbox"/> Motor <input type="checkbox"/> Clear <input type="checkbox"/> Static <input type="checkbox"/> Office machinery <input type="checkbox"/> Factory machinery <input type="checkbox"/> Local <input type="checkbox"/> Long Distance </td> <td style="vertical-align: top; font-size: 0.8em;"> <input type="checkbox"/> Incoherent <input type="checkbox"/> Message read <input type="checkbox"/> Taped message <input type="checkbox"/> Irrational <input type="checkbox"/> Profane <input type="checkbox"/> Well-spoken </td> </tr> <tr> <td colspan="3" style="font-size: 0.8em;"> Other information: _____ _____ _____ _____ </td> </tr> </tbody> </table>	Caller's Voice	Background Sounds	Threat Language	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Accent <input type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Clearing throat <input type="checkbox"/> Coughing <input type="checkbox"/> Cracking voice <input type="checkbox"/> Crying <input type="checkbox"/> Deep <input type="checkbox"/> Deep breathing <input type="checkbox"/> Disguised <input type="checkbox"/> Distinct <input type="checkbox"/> Excited <input type="checkbox"/> Laughter <input type="checkbox"/> Lisp <input type="checkbox"/> Loud <input type="checkbox"/> Nasal <input type="checkbox"/> Normal <input type="checkbox"/> Ragged <input type="checkbox"/> Rapid <input type="checkbox"/> Raspy <input type="checkbox"/> Slow <input type="checkbox"/> Slurred <input type="checkbox"/> Soft <input type="checkbox"/> Stutter	<input type="checkbox"/> Animal noises <input type="checkbox"/> House noises <input type="checkbox"/> Kitchen noises <input type="checkbox"/> Street noises <input type="checkbox"/> Booth <input type="checkbox"/> PA system <input type="checkbox"/> Conversation <input type="checkbox"/> Music <input type="checkbox"/> Motor <input type="checkbox"/> Clear <input type="checkbox"/> Static <input type="checkbox"/> Office machinery <input type="checkbox"/> Factory machinery <input type="checkbox"/> Local <input type="checkbox"/> Long Distance	<input type="checkbox"/> Incoherent <input type="checkbox"/> Message read <input type="checkbox"/> Taped message <input type="checkbox"/> Irrational <input type="checkbox"/> Profane <input type="checkbox"/> Well-spoken	Other information: _____ _____ _____ _____		
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WHO TO CONTACT (Select One)

- **911**
- **Follow your local guidelines**

For more information about this form contact the DHS Office for Bombing Prevention at OBP@dhs.gov